

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Brownville</u> <sup>Town</sup>		<u>Q.A.Co</u> <sup>County</sup>		MARYLAND	
Date of death <u>1908</u> <sup>Month</sup> <u>Nov.</u> <sup>Day</sup> <u>12</u>		Age <u>55</u> <sup>Years</sup>		<u>—</u> <sup>Months</sup> <u>—</u> <sup>Days</sup>	
Sex <u>Male</u>		Color or Race <u>Black</u>		Birth-place <u>Q.A.Co</u>	
Occupation <u>Farming</u>		Where Residing if not at place of death <u>Brownville</u>			
Married, Single or Widowed <u>Married</u>		Name of Wife <u>Patsy Atkins</u>			
Father's Name <u>Thomas Atkins</u>		Father's Birthplace <u>Kent Island</u>			
Mother's Maiden Name <u>Siza Pierce</u>		Mother's Birthplace <u>Q.A.Co.</u>			
Name of person giving information <u>Oving Turner</u>		How related to deceased <u>Brother-in-law</u>			

## CAUSES OF DEATH

40

PHYSICIAN  
OR CORONER

Primary <u>Cancer of Liver</u>	How long <u>4 months</u>
Immediate <u>Exhaustion</u>	How long <u>3 days.</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>E. J. Smith</u>
	Address <u>Centreville Md</u>
Accident or Suicide? <u>No.</u>	



Name  
in  
Full

William S. Bromley.

## CERTIFICATE OF DEATH

Died at <i>Prices</i>		Town		County		12 Nov		MARYLAND	
Date of death		1908		Month		Nov		Day	
8		8		Age		63		Months	
8		8		Days		8		Days	
Sex		Male		Color or Race		White		Birth-place	
Maryland		Occupation		Farmer		Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband					
Father's Name		William C. Bromley		Father's Birthplace		Maryland			
Mother's Maiden Name		Do not know		Mother's Birthplace		Do not know			
Name of person giving information		Aunt L. Mackey		How related to deceased		Brother in Law			

## CAUSES OF DEATH

66

PHYSICIAN OR CORONER	Primary	The rupture in Exhaustion		How long	4 days
	Immediate			How long	1 hr
	Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			Yes	Address	
Accident or Suicide?		No		J. S. Dudley Church Hill, Queen Anne's Co. Md.	



Name  
in  
Full

Joseph H. Boyer

## CERTIFICATE OF DEATH

Died at *Ewing, Town*

Town

*Deen. ann*

County

MARYLAND

Date

of death *1908 Nov.*

Month

Day

*6*

Years

Age

*79*

Months

Days

Sex

*Male*Color or  
Race*Black*Birth-  
place*29 Co*

Occupation

*Farmer*Where Residing if not  
at place of deathMarried, Single  
or Widowed*Married*Name of Wife or  
Husband*Hannah C. Boyer*Father's  
Name*Joseph H. Boyer*Father's  
Birthplace*29 Co*Mother's  
Maiden Name*Unknown*Mother's  
Birthplace*Unknown*Name of person giving  
in information*Chester Boyer*How related  
to deceased*Son*

## CAUSES OF DEATH

**27**

Primary

*Consumption Lung*

How long

*15 yrs.*

Immediate

*Exhaustion*

How long

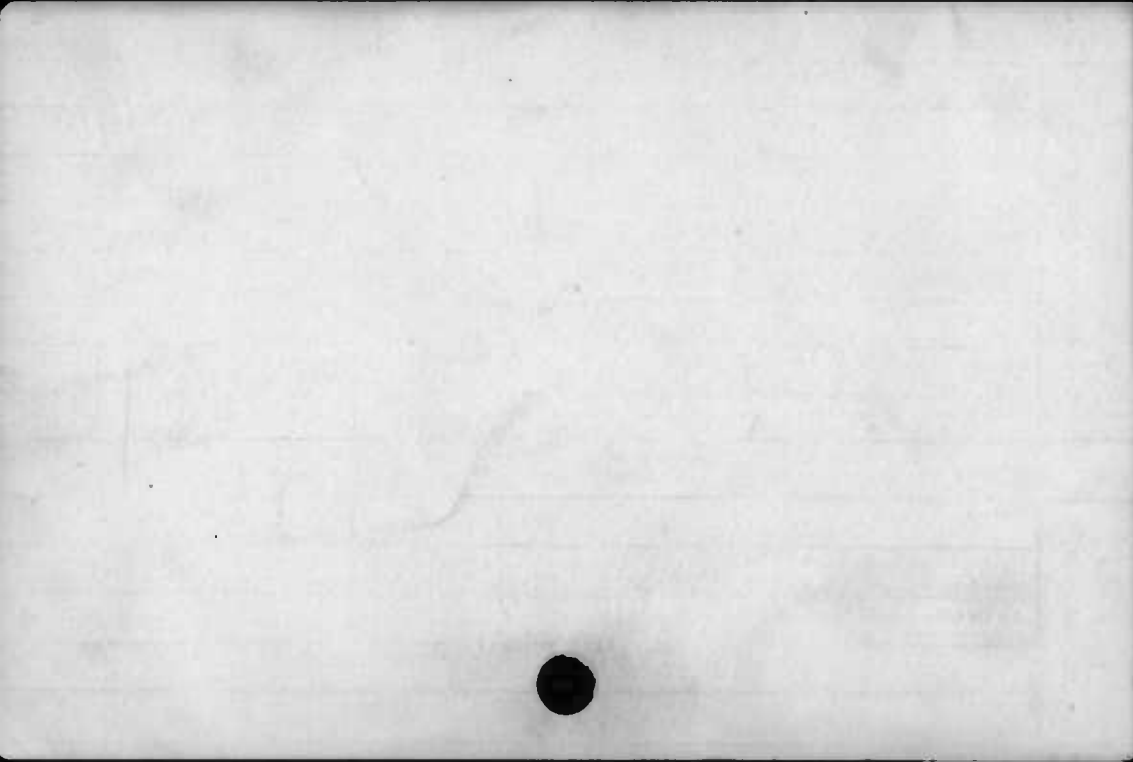
*6 weeks*Are the name, age, sex, color, date  
and place correctly given above?*yes.*Signature of  
Physician*Chas W. Haland*

Address

*Exhaustion  
Maryland*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*John T. Clough*

Town *Spanards Neck* County *Queen Anne* MARYLAND

Died at *Spanards Neck*

Date of death 190 *8* Month *11* Day *11* Age *73* Years Months *4* Days *29*

Sex *Male* Color or Race *Caucasian* Birth-place *Queen Anne Co.*

Occupation *Carpenter* Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed *Married* Name of Wife or Husband *Rebecca Marion Reed*

Father's Name *John Clough* Father's Birthplace *Md.*

Mother's Maiden Name *Sarah T. Bortis* Mother's Birthplace *Md.*

Name of person giving Information *Eugene Clough* How related to deceased *Son*

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary *Chronic Nephritis* How long *4 or 5 yrs*

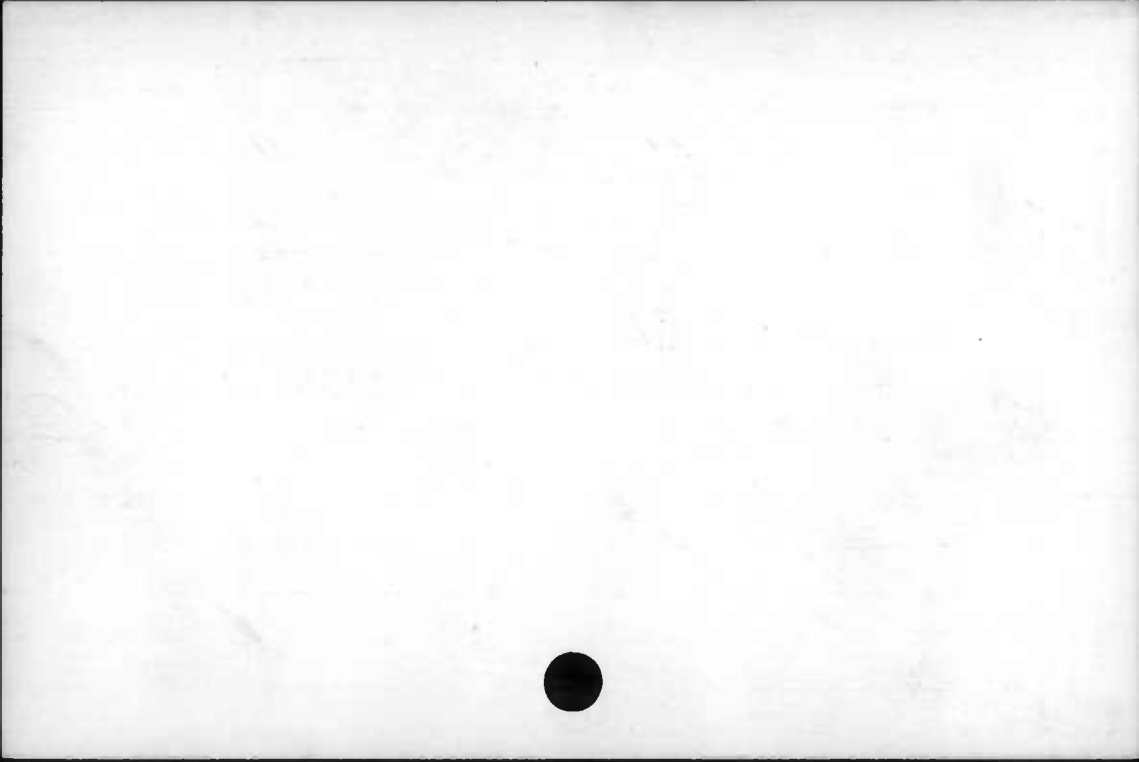
Immediate *Uremia* How long *3 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. H. McDonald*

Address *Bedford, Md.*

Accident or Suicidal *No*





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Queensstown</i>		County <i>Queenanne</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>11th</i>	Day <i>18</i>	Years <i>6</i>	Months <i>2</i>	Days <i>2</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Church Hill</i>		
Occupation			Where Residing if not at place of death <i>Ind.</i>		
Married, Single or Widowed <i>single</i>		Name of Wife or Husband			
Father's Name <i>Henry G. Dawkins</i>			Father's Birthplace <i>England</i>		
Mother's Maiden Name <i>Bessie E. Mansfield</i>			Mother's Birthplace <i>Winchester</i>		
Name of person giving information <i>Bessie E. Mansfield</i>			How related to deceased <i>Mother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Congestion of Brain</i>	How long <i>31 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. W. Chaires,</i>
<i>Queen's College, Md.</i>	Address <i>Queensstown,</i>
Accident or Suicide?	<i>Maryland.</i>



Name  
in  
Full

Elliot

## CERTIFICATE OF DEATH

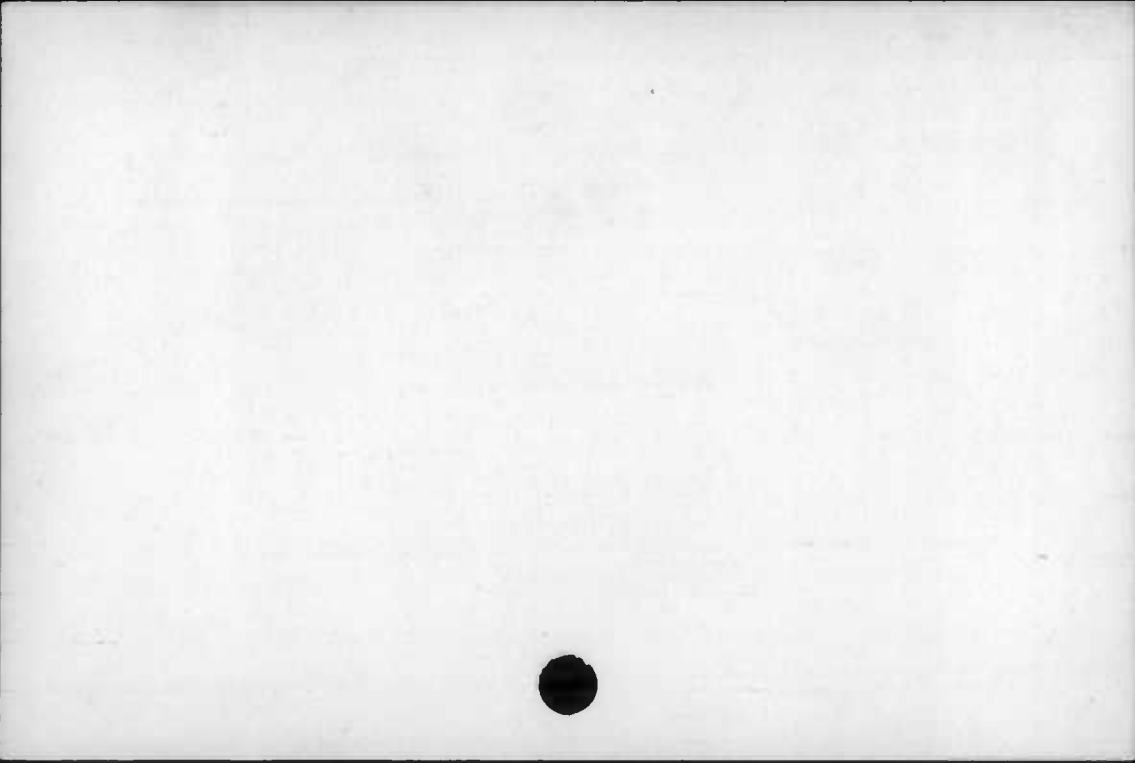
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pondtown</i> <sup>Town</sup>		<i>Queen Anne</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>		Month <i>Nov</i>		Day <i>3</i>	
Age <i>Years</i>		Months <i></i>		Days <i></i>	
Sex <i>Male</i>		Color or Race <i>Negro</i>		Birth-place <i>Pondtown</i>	
Occupation <i></i>		Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i></i>		Name of Wife or Husband <i></i>			
Father's Name <i>George Elliott</i>		Father's Birthplace <i>Q. D. Co.</i>			
Mother's Maiden Name <i>Lizzie Davis</i>		Mother's Birthplace <i>Q. D. Co.</i>			
Name of person giving information <i>Tillie Elliott</i>		How related to deceased <i>Grandmother</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long <i>S</i>	
Immediate <i>Stillborn</i>		How long <i></i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>D. E. Landers M.D.</i>	
		Address <i>Crumpton</i>	
Accident or Suicide? <i></i>			



Name  
in  
Full

Baby Hall

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pondtown</i> <sup>Town</sup>		<i>Q. D. Co.</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>	Month <i>Nov</i>	Day <i>19</i>	Age <i>—</i>	Months <i>—</i>	Days <i>10</i>
Sex <i>Male</i>	Color or Race <i>Negro</i>		Birth-place <i>Pondtown</i>		
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Harry M. Hall</i>		Father's Birthplace <i>Q. D. Co.</i>			
Mother's Maiden Name <i>Liza Carson</i>		Mother's Birthplace <i>Balto Md</i>			
Name of person giving Information <i>Harry M. Hall</i>		How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		<i>71</i> How long
Immediate	<i>Concussion?</i>	<i>3 hours</i> How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>D. E. Lander's Health Officer</i>
		Address <i>Crumpton.</i>
Accident or Suicida		<i>(N.B. Did not attend child)</i>



Name  
in  
Full

Francis Virginia Jarrell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

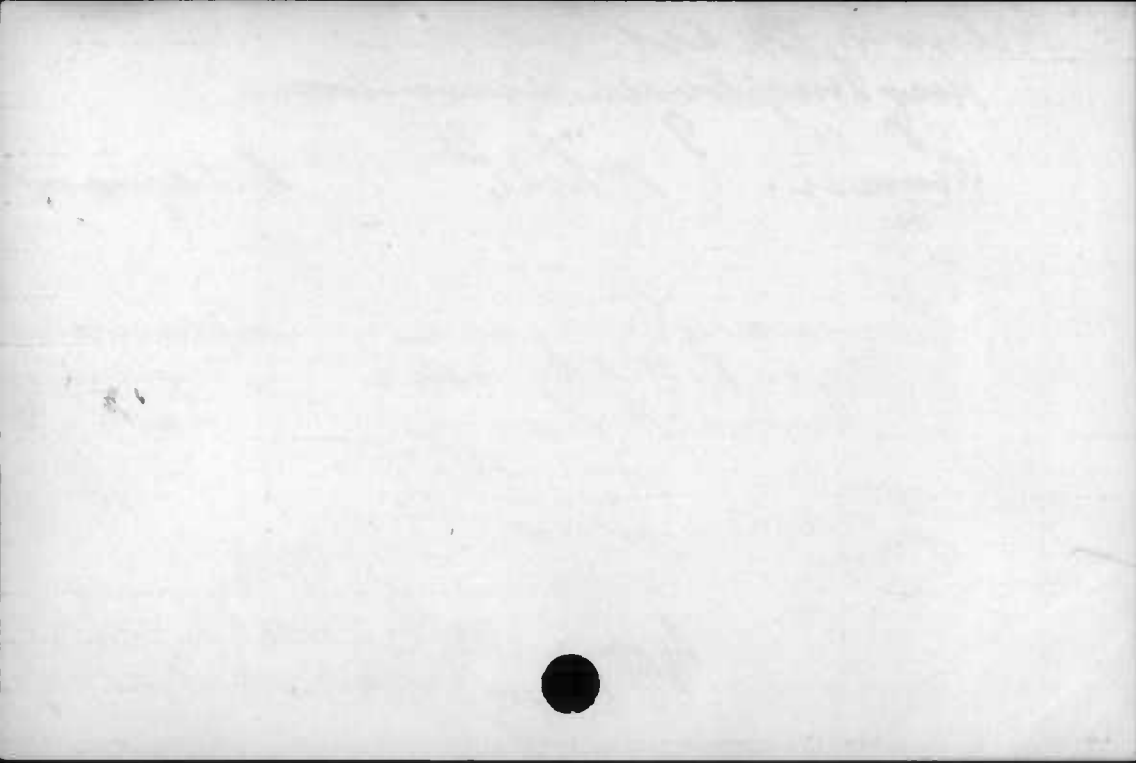
Died at <i>near State</i> <sup>Town</sup>		<i>Queen Anne</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>	Month <i>11</i>	Day <i>14</i>	Age <i>—</i>	Years <i>—</i>	Months <i>3</i> Days <i>8</i>
Sex <i>Female</i>		Color or Race <i>Anglo Saxon</i>		Birth-place <i>—</i>	
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Joe Ray Jarrell</i>			Father's Birthplace <i>Queen Anne Co</i>		
Mother's Maiden Name <i>Maria Harrington</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Joe Ray Jarrell</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary <i>Malnutrition</i>	How long <i>3 months</i>
Immediate <i>Exhaustion</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. F. Smith</i>
	Address <i>Centreville Md</i>
Accident or Suicide? <i>No.</i>	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

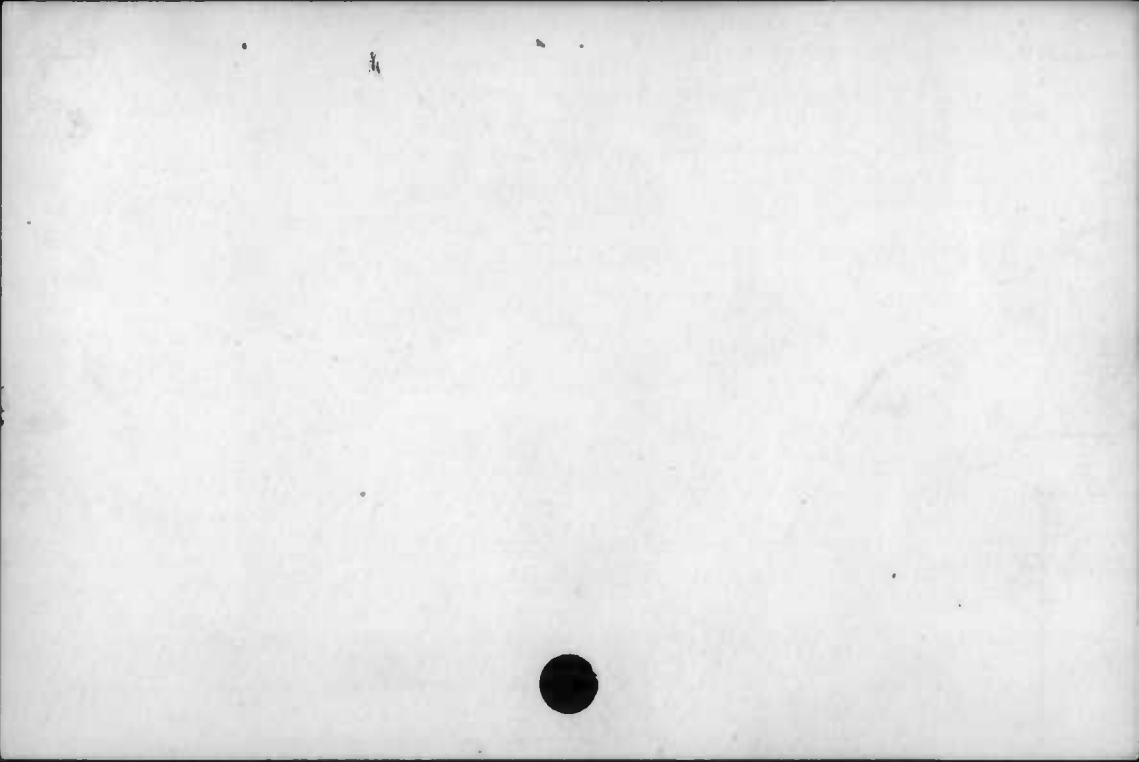
Name in Full <i>Helene Frances Lane</i>		Town <i>Mar</i>		County <i>Imperial</i>		State <i>California</i>	
Died at <i>Mar</i>		Month <i>11</i>		Day <i>9</i>		Age <i>11</i>	
Date of death <i>1908</i>		Months		Years		Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Illinois</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or <i>Widowed</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Samuel H. Lane</i>		Father's Birthplace <i>Illinois</i>					
Mother's Maiden Name <i>Alice L. Dickerson</i>		Mother's Birthplace <i>Illinois</i>					
Name of person giving information <i>Samuel H. Lane</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

(61)

PHYSICIAN  
OR CORONER

Primary	<i>Meningitis</i>	How long	<i>One week</i>
Immediate	<i>convulsions</i>	How long	<i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. R. Smith, M.D.</i>	
<i>Yes</i>		Address <i>Imperial, Calif.</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

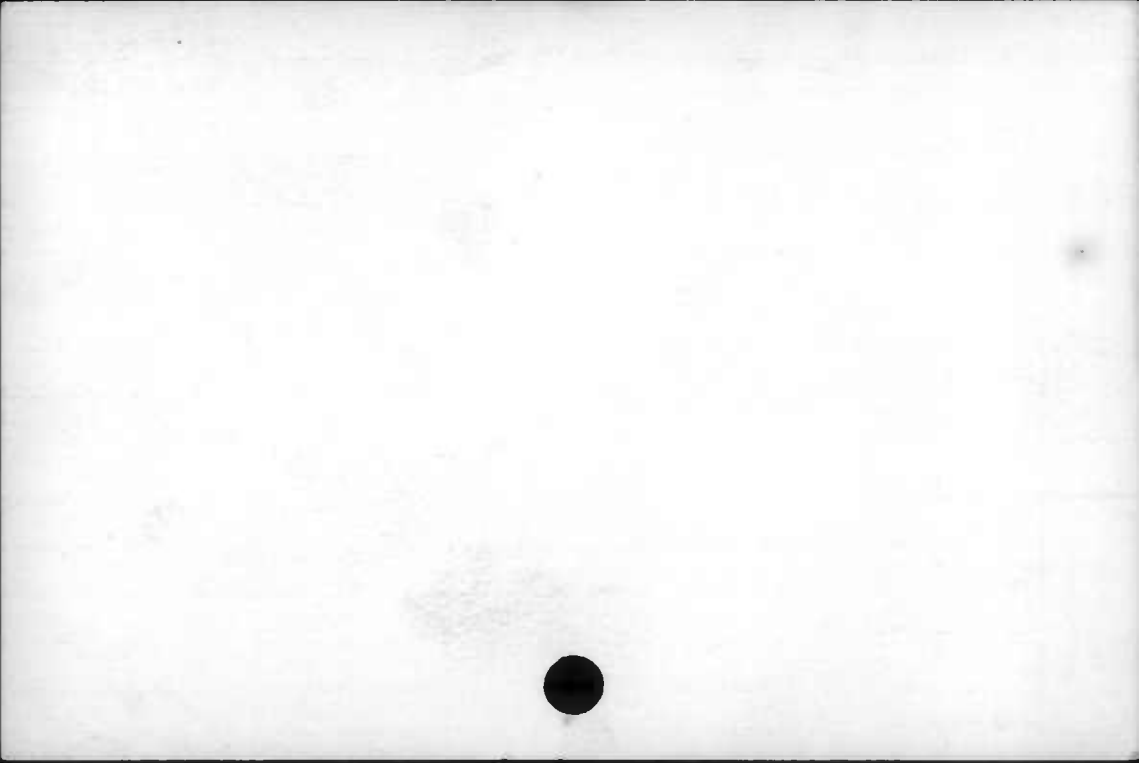
Name in Full <i>Mary C Livingstone</i>		Town <i>Leicester</i>		County <i>D</i>		State <i>MARYLAND</i>	
Died at <i>Leicester</i>		Month <i>Nov</i>		Day <i>14</i>		Years <i>1908</i>	
Date of death <i>1908 Nov 14</i>		Age <i>15</i>		Months <i>2</i>		Days <i>15</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Chester Md</i>			
Occupation <i>Domestic</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Wm Livingstone</i>		Father's Birthplace <i>Baltimore</i>					
Mother's Maiden Name <i>Daisy A Thompson</i>		Mother's Birthplace <i>D C Co Md</i>					
Name of person giving Information <i>Wm Livingstone</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary <i>Malnutrition</i>	How long <i>Grown Birth</i>
Immediate <i>Exhaustion</i>	How long <i>Gradually</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm H. Henry</i>
	Address <i>Stonemiller Md</i>
Accident or Suicide <i>no</i>	



Name  
in  
Full

Margaret Mason

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Centreville		County Queen Anne		MARYLAND	
Date of death		1908	Month 11	Day 17	Age 73	Years 10	Days 1
Sex Female		Color or Race Anglo Saxon		Birth- place Queen Anne Co.			
Occupation House Wife		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband John Mason					
Father's Name James Sheldrake		Father's Birthplace Maryland					
Mother's Maiden Name Charlotte Price		Mother's Birthplace Maryland					
Name of person giving Information Ida Sullivan		How related to deceased Daughter					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cancer of Rectum	How long	1 year
Immediate	Heart Failure	How long	4 days.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		E. J. Smith	
		Address Centreville Md.	
Accident or Suicide			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Not named* — *Meredith* County

Town *Near Church Hill* *Queen Anne's* County

Died *1908* Month *Nov* Day *24* Age *—* Years *—* Months *—* Days *4*

Date of death *1908* Month *Nov* Day *24* Age *—* Years *—* Months *—* Days *4*

Sex *male* Color or Race *White* Birth-place *Ind*

Occupation *—* Where Residing if not at place of death *at place of death*

*Single* Name of Wife or Husband *—*

Father's Name *Elma Meredith* Father's Birthplace *Ind*

Mother's Maiden Name *Mary Elizabeth Burckhardt* Mother's Birthplace *Ind*

Name of person giving information *Walter A. Burckhardt* How related to deceased *Grand Mother*

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary *Immature* How long *4 days*

Immediate *Asthenia* How long *4 days*

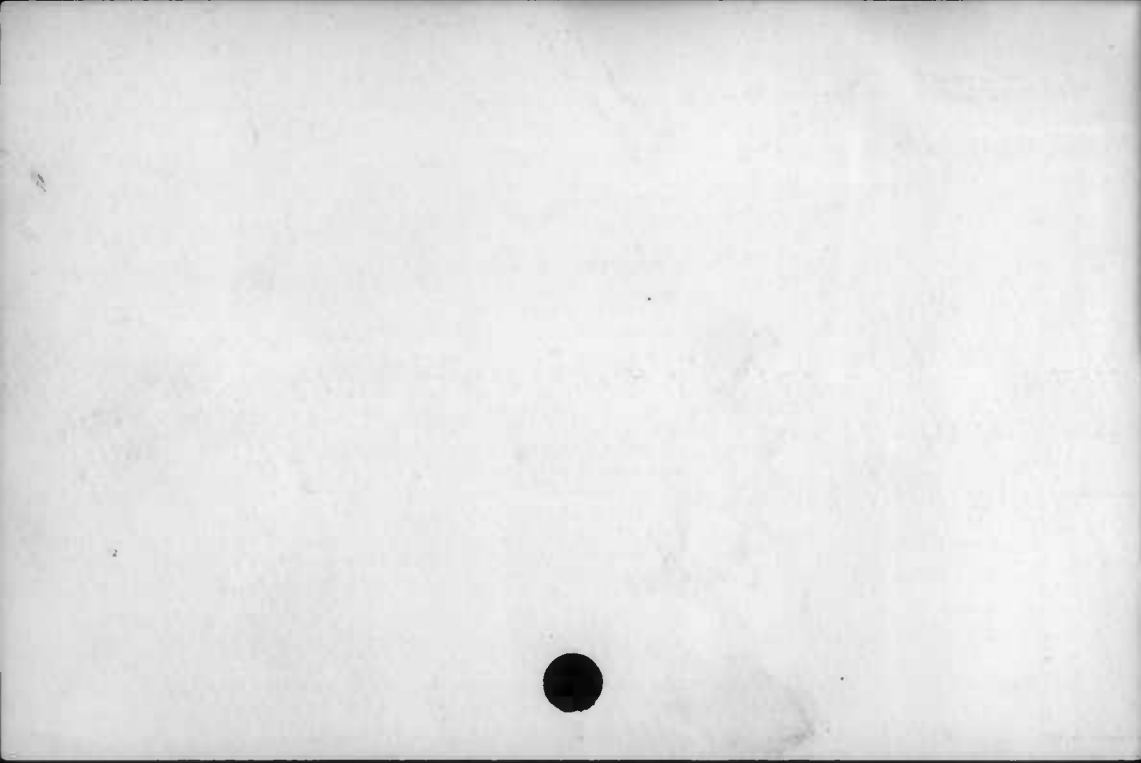
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *M. G. Caspary*

Address *Church Hill*

*Ind*

Accident or Suicide? *—*





Name  
in  
Full

## CERTIFICATE OF DEATH

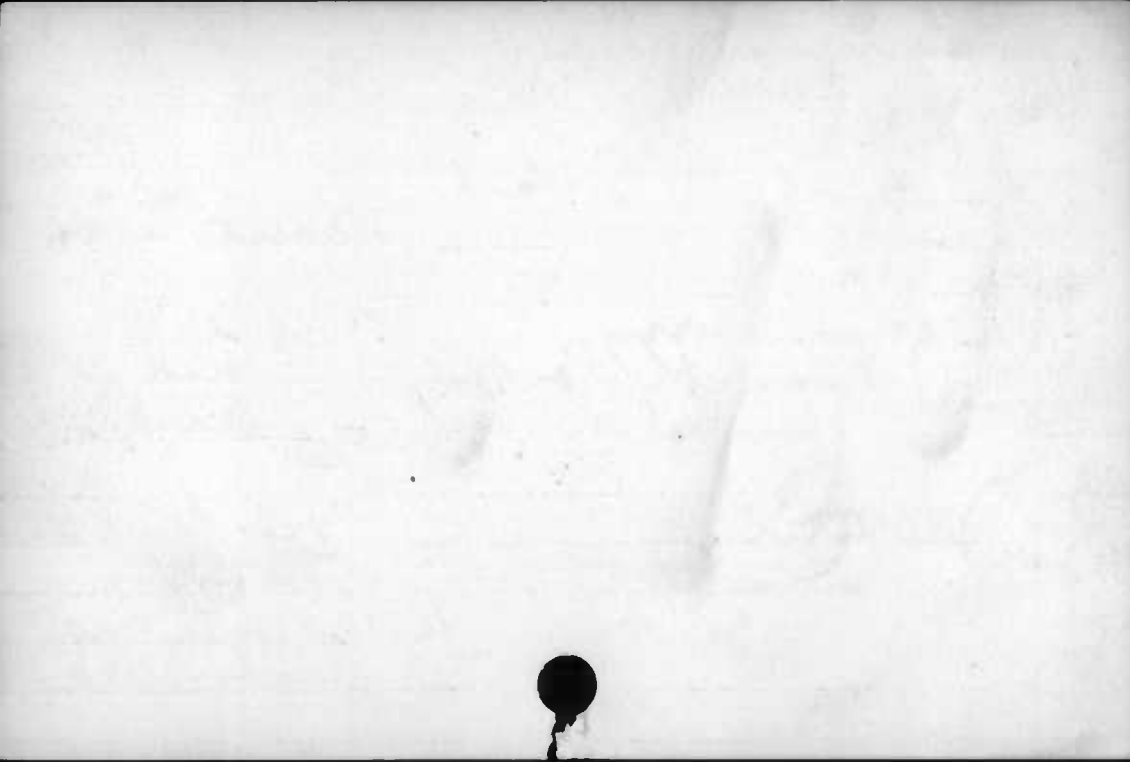
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Julia E Morten</i>		Town <i>Brown Corner</i>		County <i>Queen Anne's Co</i>		State <i>MARYLAND</i>	
Died at		Date of death <i>1908 Nov 15th</i>		Age <i>27</i>		Months <i>7</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Queen Anne's Co</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>William J Morten</i>					
Father's Name <i>John H. Butler</i>		Father's Birthplace <i>Virginia</i>					
Mother's Maiden Name <i>Sarah Harris</i>		Mother's Birthplace <i>Queen Anne's Co</i>					
Name of person giving information <i>William J Morten</i>		How related to deceased <i>Neobond</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia, Tuberculosis</i>	How long <i>14</i>
Immediate	<i>Exhaustion</i>	How long <i>This</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>A. S. Dudley</i>
<i>Yes</i>		Address <i>Church Hill</i>
<i>No</i>		<i>Queen Anne's Co Md</i>
Accident or Suicide?		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Anna Louise Rochester.

Town

County

Died at *Ingleside**Queen Anne's*

MARYLAND

Date of death *1908* *Nov.*

Month

Day

Age *—*

Years

Months

Days

Sex *Female*Color or  
Race*Black*Birth-  
place*Ind.*Occupation *Infant*Where Residing if not  
at place of death*Roberts Ind.*Married, Single  
or Widowed*"*Name of Wife or  
HusbandFather's  
Name*Chas. Berry*Father's  
Birthplace*Ind.*Mother's  
Maiden Name*Harriet L. Rochester*Mother's  
Birthplace*Ind.*Name of person giving  
In formation*Rachael Rochester*How related  
to deceased*Grandmother*

## CAUSES OF DEATH

*105*

Primary

*Enteritis*

How long

*two days..*

Immediate

*Sepsis*

How long

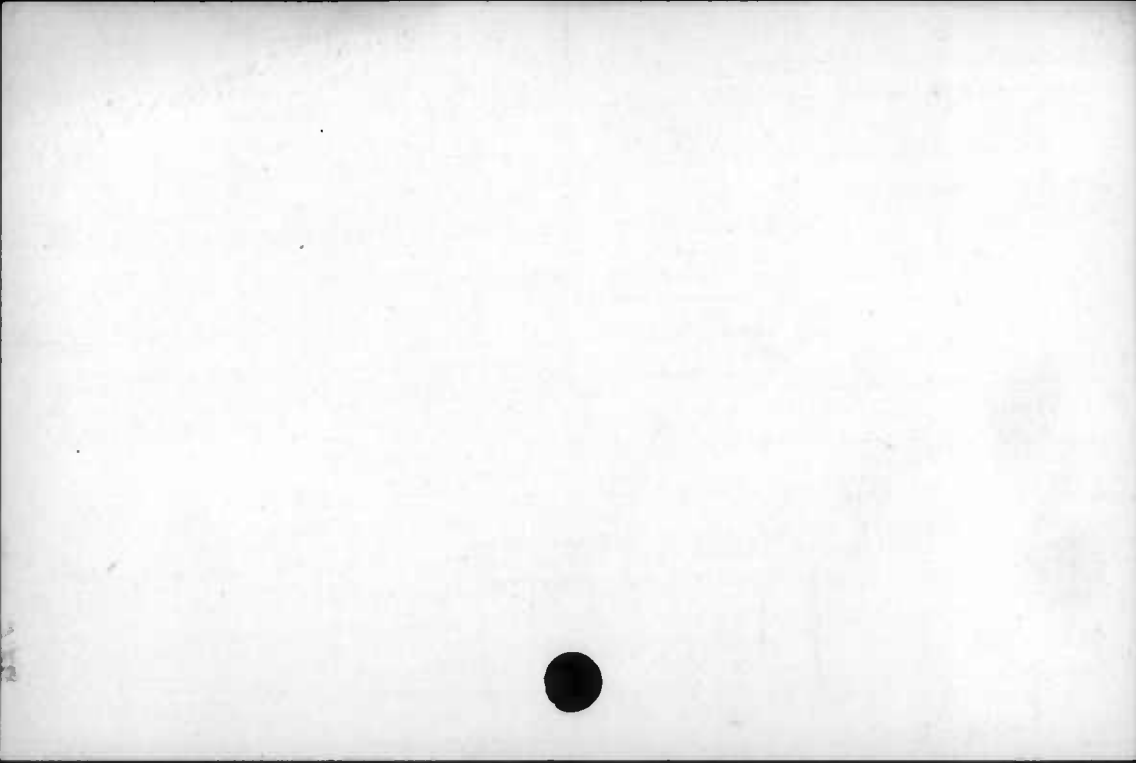
*12 hours -*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*W. W. Brown M.D.*

Address

*Ingleside, Ind.*

Accident or Suicide?

*No.*



Name  
in  
Full

Alexander Scott

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> *Ewing town* <sup>County</sup> *Queen Anne* **MARYLAND**Date of death <sup>Month</sup> *Nov* <sup>Day</sup> *30* <sup>Years</sup> *48* <sup>Months</sup> *6* <sup>Days</sup>Sex *Male* Color or Race *Col* Birth-place *Ind*Occupation *Laborer* Where Residing if not at place of death *—*Married, Single or Widowed *Widower* Name of Wife or Husband *Jane Harding*Father's Name *Unknown* Father's Birthplace *Unknown*Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*Name of person giving Information *Will Scott* How related to deceased *Son*

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONERPrimary *Initial Rigor mortis* How long *Several years*Immediate *Dropsy* How long *Several months*

Are the name, age, sex, color, data and place correctly given above?

*Yes*

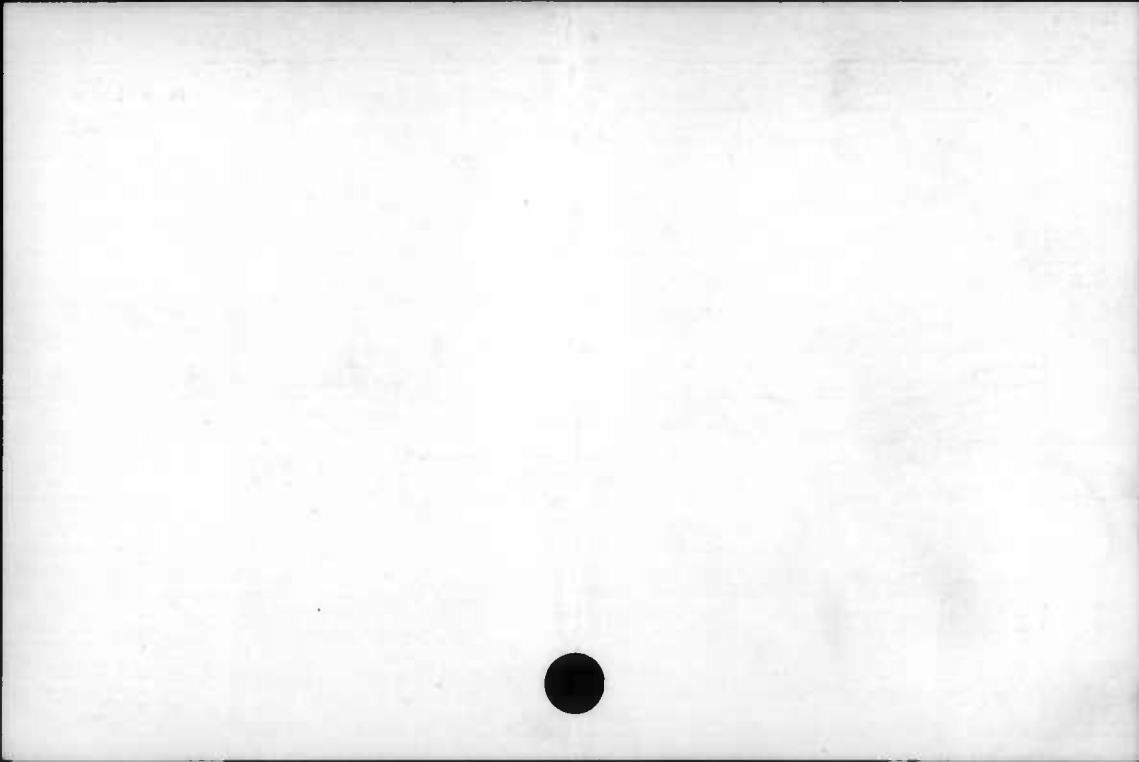
Signature of Physician

Address

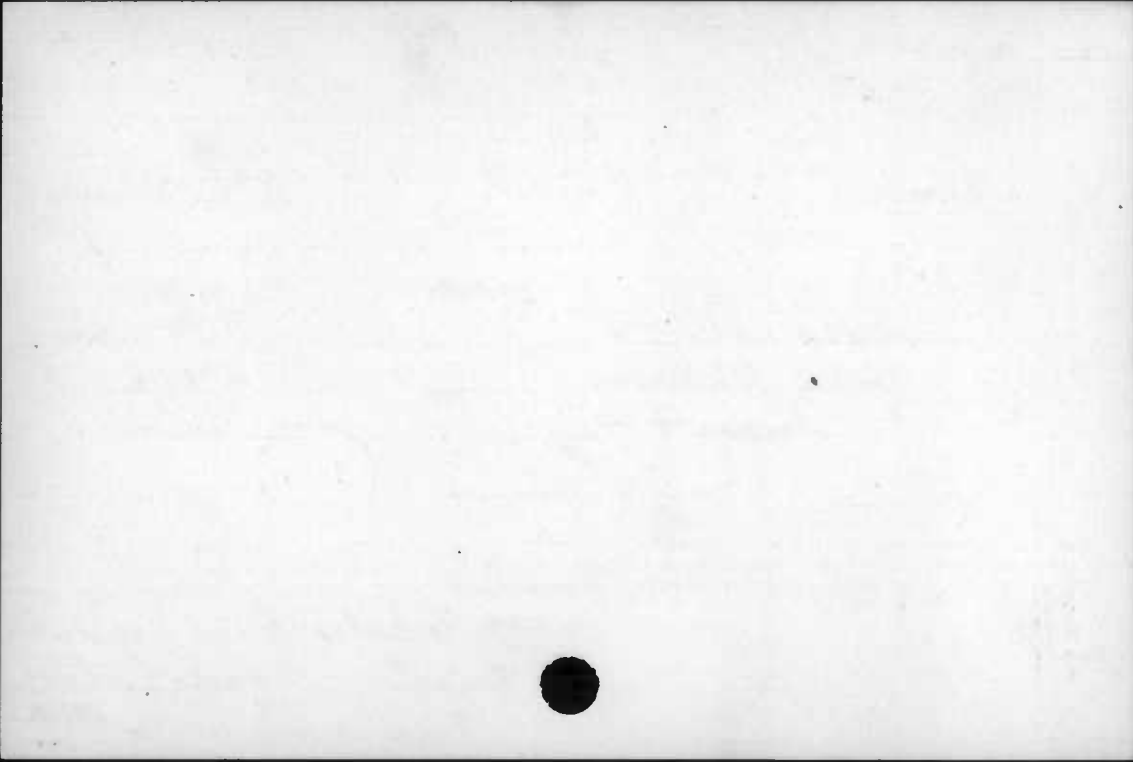
*W. J. Jones*  
*Chestertown*

Accident or Suicide

*No*



Name in Full		John Scott				CERTIFICATE OF DEATH											
TO BE ANSWERED BY NEAREST FRIEND		Died at Winchester		County Queen Anne's		MARYLAND											
		Date of death 1908		Month Nov		Day 11		Age		Years		Months		Days 5			
		Sex male		Color or Race Black		Birth-place Winchester											
		Occupation		Where Residing if not at place of death													
		Married, Single or Widowed		Name of Wife or Husband													
FATHER'S NAME		Cha' Scott						FATHER'S BIRTHPLACE		2 A County							
		MOTHER'S MAIDEN NAME		Lilia Wilson						MOTHER'S BIRTHPLACE		2 A County					
		NAME OF PERSON GIVING INFORMATION		Cha' Scott						HOW RELATED TO DECEASED		Father					
PHYSICIAN OR CORONER		CAUSES OF DEATH						151									
		Primary						How long									
		Immediate						How long									
		Are the name, age, sex, color, date and place correctly given above?						yes									
		Signature of Physician						on the Faith of Susan F									
Address						Haxetton Fords Stone ma											
Accident or Suicide?						Cha' O Coursey Sub Reg											





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

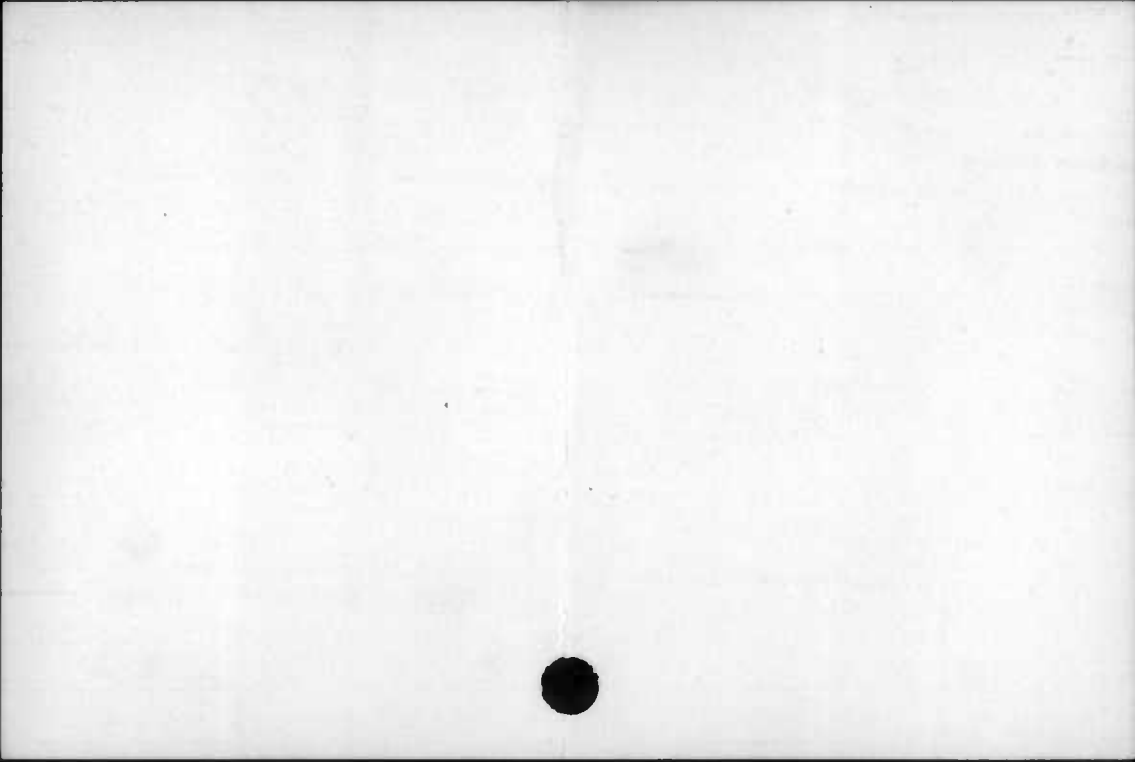
Died at <i>Scot Town</i>		County <i>Queen anne</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Nov</i>	Day <i>18</i>	Age <i>—</i>	Months <i>—</i>	Days <i>11</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>2<sup>d</sup> County</i>		
Occupation <i>[redacted]</i>			Where Residing if not at place of death <i>[redacted]</i>		
<del>Maiden</del> Single			Name of Wife or Husband <i>[redacted]</i>		
Father's Name <i>Chas Scott</i>			Father's Birthplace <i>2<sup>d</sup> Co</i>		
Mother's Maiden Name <i>Leila Wilson</i>			Mother's Birthplace <i>2<sup>d</sup> County</i>		
Name of person giving information <i>Susan F Hazellon</i>			How related to deceased <i>non</i>		

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Information Bowels</i>	How long <i>one day + night</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas O Coursey Sub</i>
	Address <i>Register Fords Stone</i>
Accident or Suicide?	<i>Queen anne Co Md</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>P. Price</i> Town		<i>Queen Anne</i> County		MARYLAND	
Date of death	<i>1908 Nov</i>	Month	<i>21</i>	Age	<i>36</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Del</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death <i>at place of death.</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband <i>James E. Stonley</i>			
Father's Name	<i>John Smith</i>			Father's Birthplace	<i>Del</i>
Mother's Maiden Name	<i>Elizabeth Keith</i>			Mother's Birthplace	<i>Del</i>
Name of person giving information	<i>James E. Stonley</i>			How related to deceased	<i>Husband</i>

## CAUSES OF DEATH

Primary	<i>Typhoid Fever</i>	How long	<i>5 weeks</i>
Immediate	<i>Meningitis</i>	How long	<i>4 days</i>

Are the name, age, sex, color, date and place correctly given above?

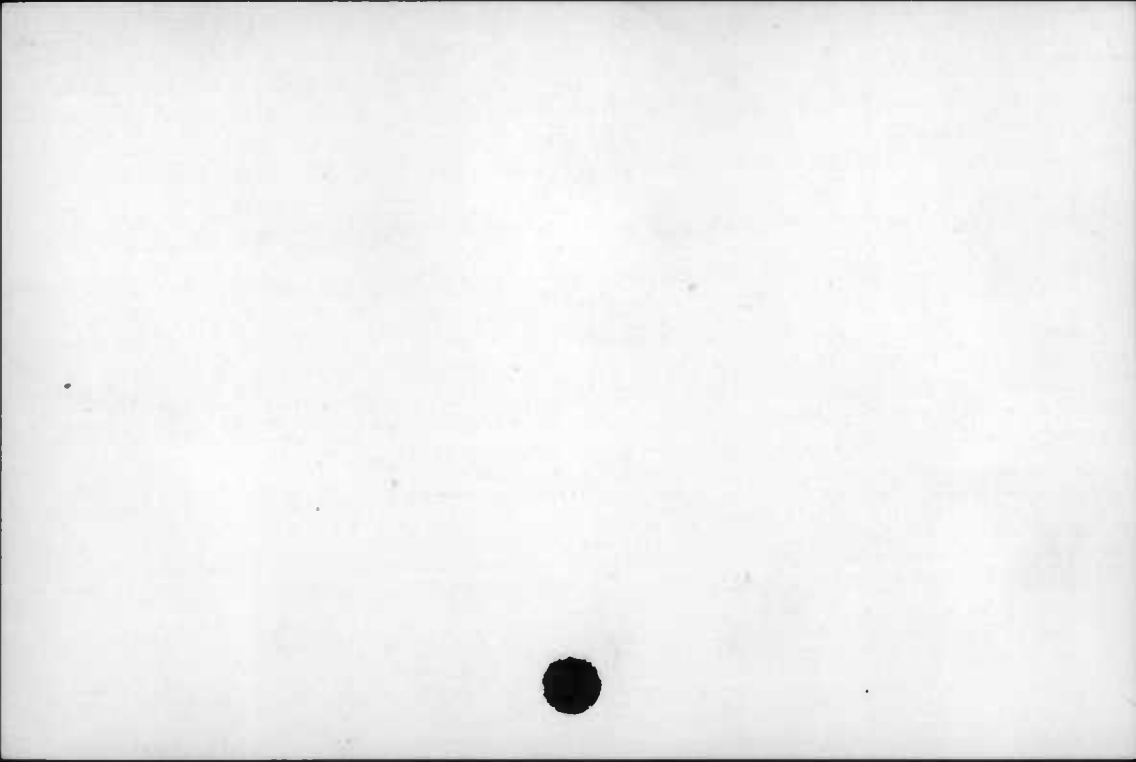
*Yes*

Signature of Physician

Address

*John G. Coffrage*  
*Church Hill*

Accident or Suicide? *2*



Name  
in  
Full

Still born Thornton

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died *near Church Hill* Town *Queen Anne's* County *MARYLAND*

Date of death *1908* Month *Nov* Day *26* Age *—* Years *—* Months *—* Days *—*

Sex *Female* Color or Race *Black* Birth-place *Ind*

Occupation *—* Where Residing if not at place of death *at place of death*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Arthur Thornton* Father's Birthplace *Ind*

Mother's Maiden Name *Virginia Cain* Mother's Birthplace *Ind*

Name of person giving information *Arthur Thornton* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Still born* How long *—*

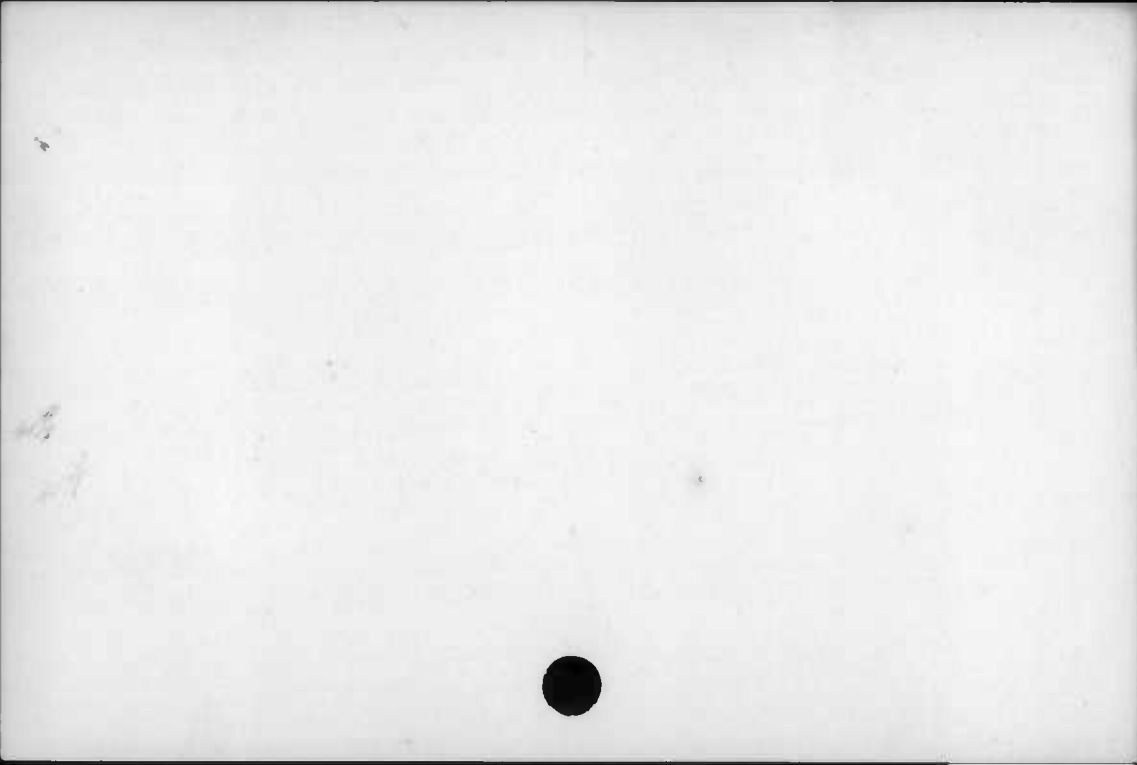
Immediate *Still born* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Dr. G. C. Capps*

Address *Church Hill Ind*

Accident or Suicide? *—*



Name  
in  
Full

Mary Francis Wilson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1908		Nov	27	Age	49	28	
Sex		Color or Race		Birth-place			
Female		Colored		Queen Anne's			
Occupation				Where Residing if not at place of death			
Housework				At home			
Married, Single or Widowed		Name of Wife or Husband					
Married		Perry Wilson					
Father's Name		Father's Birthplace					
Frank Taylor		Do not know					
Mother's Maiden Name		Mother's Birthplace					
Rebecca Gaskley		Queen Anne's					
Name of person giving Information		How related to deceased					
Perry Wilson		Husband					

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary	Apoplexy	How long	1 day
Immediate	Apoplexy	How long	1 day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		H. B. Jones	
		Address	
		Chester town	
Accident or Suicide			
No			





Name  
in  
Full

Susie McLeson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

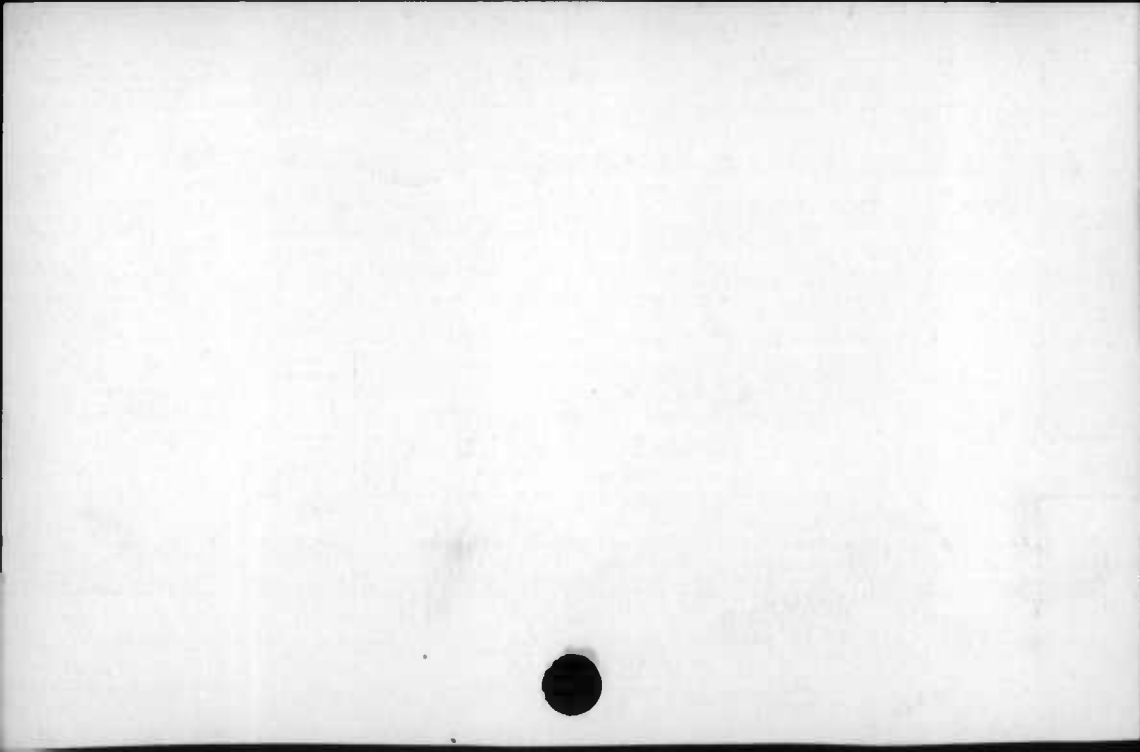
Died at <u>near Munchies</u>		S. A. Co		TOWN		COUNTY		MARYLAND	
Date of death		1908	Month	Nov.	Day	0	Age	Years	17
Sex		Female		Color or Race		Black		Birthplace	
Occupation		None		Where Residing if not at place of death		near Munchies			
Married, Single or Widowed		Single		Name of Wife or Husband					
Father's Name		Ephraim Wilson		Father's Birthplace		S. A. Co. Md			
Mother's Maiden Name		Susan Wilson		Mother's Birthplace		S. A. Co. Md			
Name of person giving information		V. P. W. Ford		How related to deceased		M. A.			

CAUSES OF DEATH

140

PHYSICIAN  
OR CORONER

Primary	Confinement	How long	Three days
Immediate	Exhaustion	How long	Two hours
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		V. P. W. Ford	
Address		Queens town	
Accident or Suicide?		Md.	



Name  
in  
Full

Emma J. Wright

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Centreville</i> <sup>Town</sup>		<i>Queen Anne's</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>	Month <i>Nov.</i>	Day <i>23</i>	Age <i>19</i>	Months <i>2</i>	Days <i>20</i>
Sex <i>Female</i>	Color or Race <i>Negro</i>		Birth-place <i>Queen Anne's Co.</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>William Wright</i>	Father's Birthplace <i>Queen Anne's Co.</i>				
Mother's Maiden Name <i>Emma Anderson</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>William Wright</i>	How related to deceased <i>Father</i>				

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary <i>Childbirth</i>	How long <i>2 weeks</i>
Immediate <i>Pneumonia</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. F. Smith</i>
	Address <i>Centreville</i>
Accident or Suicide? <i>No.</i>	<i>md</i>

